

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY <i>Specific Information by Chemical</i>	Facility Identification		Owner/Operator			
	Name _____	MI SARA ID _____	Name _____ Phone _____			
	Street _____		Street _____			
	City _____ County _____ Zip _____		City _____ State _____ Zip _____			
	LEPC _____ Fire Department _____		Country _____			
	SIC Code _____	Facility Phone _____				
<i>Important: Read all instructions before completing form</i> Reporting period from January 1 to December 31, 20						
Confidential Location Information Sheet			Container Type	Pressure	Temp	Storage Codes and Locations (Confidential) Chemical Locations
CAS Number	Chemical Name					
Certification <i>(Read and sign after completing all sections)</i> I certify under penalty of law that I have personally examined and am familiar with the information submitted in pages [1] through [____], and that based on my inquiry of those individuals responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. Owner/Operator OR owner/operator's authorized representative: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> _____ _____ _____ _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Print Name Print Title Signature Date signed </div>			Optional Attachments <div style="display: flex; align-items: flex-start;"> <div style="margin-right: 10px;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div> Site plan List of site coordinate abbreviations Description of dikes and other safeguard measures </div> </div>			